

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS298AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/30/2008
NAME OF PROVIDER OR SUPPLIER PRESTIGE ASSTD LV AT MIRA LOMA		STREET ADDRESS, CITY, STATE, ZIP CODE 2520 WIGWAM PARKWAY HENDERSON, NV 89014		
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Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 10/6/08 and completed on 10/30/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 124 Residential Facility for Group beds for elderly and disabled persons, 94 beds for Category II residents and 30 beds for residents with Alzheimer's disease. The census at the time of the survey was 112. Twenty-seven resident files were reviewed and 20 employee files were reviewed. One discharged resident file was reviewed.</p> <p>Complaint #NV00015596 was unsubstantiated. Complaint #NV00016738 was unsubstantiated. Complaint #NV00017921 was unsubstantiated.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p>	Y 000		
Y 072 SS=F	<p>449.196(3) Qualications of Caregiver-Med re-training</p> <p>NAC 449.196</p> <p>3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must:</p> <p>(a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The</p>	Y 072		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 072	Continued From page 1 caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and (b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau. This Regulation is not met as evidenced by: Based on record review on 10/6/08, the facility failed to ensure 2 of 2 medication technicians who completed medication administration training three or more years ago had at least three hours of retraining (Employee #11 and #14). Findings include: Employee #11: The employee was hired on 2/26/08 and completed medication administration training on 6/24/03. There was no evidence the employee completed at least three hours of retraining within the last three years. Employee #14: The employee was hired on 6/9/08 and completed medication administration training on 1/20/04. There was no evidence the employee completed at least three hours of retraining within the last three years. Severity: 2 Scope: 3	Y 072		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2,	Y 103		

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Y 103	<p>Continued From page 2</p> <p>a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by: Based on record review on 10/6/08, the facility failed to ensure 8 of 10 employees met tuberculosis (TB) testing requirements (Employees #1, #2, #3, #5, #7, #8, #9 and #10).</p> <p>Findings include:</p> <p>Employee #1: The employee was hired on 2/28/07 and completed initial two-step TB testing on 3/15/07. There was no evidence of an annual one-step TB test in the employee's file.</p> <p>Employee #2: The employee was hired on 7/27/01 and completed an annual one-step TB test on 4/26/07. There was no evidence of an annual TB test in 2008 in the employee's file.</p> <p>Employee #3: The employee had a doctor's note in the file that indicated the employee had a history of a positive TB skin test. There was a TB signs and symptom (S/S) review dated 4/25/07, but there was no evidence of a chest x-ray or a 2008 TB S/S review in the employee's file.</p> <p>Employee #5: The employee was hired on 12/16/02. The employee completed an annual one-step TB test on 5/4/07. There was no evidence of an annual TB test in the employee's file for 2008.</p> <p>Employee #7: The employee was hired on</p>	Y 103		

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Y 103	Continued From page 3 8/21/06. The employee completed initial TB testing on 9/3/06. There was no evidence of annual TB tests in 2007 or 2008. Employee #8: The employee was hired on 8/5/08 as a medication technician and completed a one-step TB test on 7/30/08. There was no evidence of a second TB test in the employee's file. Employee #9: The employee was hired on 5/20/08. The file contained a negative chest x-ray dated 12/10/07 but there was no evidence of a positive TB test or physician's statement indicating a history of positive TB skin tests. Employee #10: The employee was hired on 8/2/07. The file contained a negative chest x-ray dated 11/13/06. The employee had a TB skin test on 8/27/07 and it was read as positive on 8/29/07. There was no evidence of a TB S/S review in 2007 or 2008 in the employee's file. Severity: 2 Scope: 3	Y 103		
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 10/6/08, the facility failed to ensure that 3 of 10 employees met the criminal history background check requirements	Y 105		

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Y 105	Continued From page 4 (Employee #3, #5 and #9). Findings include: Employee #3: The employee was hired on 12/18/06 and has an administrator's license from the Board of Examiners for Long Term Care Administrators (BELTCA). A letter from BELTCA in 2005 indicated the employee had a negative background check. A copy of the employee's fingerprints were not in the file. Employee #5: The employee was hired on 12/16/02 and had a negative background check dated 2/24/03 in the file. There was no evidence of a five year background check in the employee's file. Employee #9: The employee was hired on 5/20/08. Employee #9 did not have evidence of an F.B.I. criminal history clearance in the file. The employee's fingerprint cards dated 5/12/08 were rejected by the F.B.I. A second set dated 7/30/08 had also been rejected. Severity: 2 Scope: 1	Y 105		
Y 106 SS=D	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.	Y 106		

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Y 106	<p>Continued From page 5</p> <p>This Regulation is not met as evidenced by: Based on record review on 10/6/08 and 10/30/08, the facility failed to ensure that 5 of 20 employees met the requirements for first aid and cardiopulmonary resuscitation (CPR) training (Employee #2, #8, #11, #13, and #16).</p> <p>Findings include:</p> <p>The initial sample consisted of 10 employees and full file reviews were completed on the 10 employees. The employee sample was expanded to 20 to perform a review of just first aid, CPR and medication training for an additional 10 medication technicians.</p> <p>Employee #2: The employee was hired on 7/27/01. The employee's first aid and CPR training expired in June of 2008.</p> <p>Employee #8: The employee was hired on 8/5/08 as a medication technician. There was also no evidence the employee completed first aid and CPR training.</p> <p>Employee #11: The employee was hired on 2/26/08. The employee's CPR certificate expired on 3/13/08.</p> <p>Employee #13: The employee was hired on 3/10/08 and there was no evidence of first aid or CPR training in the employee's file.</p> <p>Employee #16: The employee was hired on 6/5/08 and there was no evidence of first aid training in the employee's file.</p> <p>Severity: 2 Scope: 1</p>	Y 106		

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Y 152 SS=A	<p>449.204(2) Insurance-BLC endorsement</p> <p>NAC 449.204</p> <p>2. A certificate of insurance must be furnished to the Division as evidence that the contract required by subsection 1 is in force and a license must not be issued until that certificate is furnished. Each contract of insurance must contain an endorsement providing for a notice of 30 days to the bureau before the effective date of a cancellation or nonrenewal of the policy.</p> <p>This Regulation is not met as evidenced by: Based on record review on 10/6/08, the facility failed to ensure its liability insurance policy contained an endorsement providing a notice of 30 days to the Bureau before the date of a policy cancellation or non-renewal.</p> <p>Findings include:</p> <p>The endorsement on the facility's liability insurance listed Helping Hands of Vegas Valley, Inc to be provided a notice of cancellation or non-renewal instead of the Bureau.</p> <p>Severity: 1 Scope: 1</p>	Y 152		
Y 223 SS=D	<p>449.213(3) Laundry-Linen - Equipment, Venting</p> <p>NAC 449.213</p> <p>3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the</p>	Y 223		

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Y 223	Continued From page 7 needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. This Regulation is not met as evidenced by: Based on observation on 10/6/08, the facility failed to ensure all laundry areas were kept free of lint build-up. Findings include: The dryers in the resident laundry area on the first floor had a build-up of lint on the wall and floor behind the dryers. Severity: 2 Scope: 1	Y 223		
Y 357 SS=D	449.222(7) Bathrooms and Toilet Facilities NAC 449.222 7. Each resident must have his own toilet articles and must be provided with toilet paper, individual towels and wash cloths. Paper towels may be used for hand towels. The towels and wash cloths must be changed as often as is necessary to maintain cleanliness, but in no event less often than once each week. A soap dispenser may be used instead of individual bars of soap.	Y 357		

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Y 357	Continued From page 8 This Regulation is not met as evidenced by: Based on observation on 10/6/08, the facility failed to ensure all bathroom doors with locks could be opened with a single motion. Findings include: The two public first floor bathrooms located in the hallway near the dining room had door locks that required two hand motions to open the doors. Severity: 2 Scope: 1	Y 357		
Y 698 SS=D	449.2712(2)(b)(5) Oxygen-Tanks secured to wall or racks NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) Ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall. This Regulation is not met as evidenced by: Based on observation on 10/6/08, the facility failed to ensure oxygen tanks were stored in a rack in 1 of 10 resident rooms with oxygen. Findings include:	Y 698		

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Y 698	Continued From page 9 Six small, portable oxygen tanks were stored unsecured in the closet in resident room #217. Severity: 2 Scope: 1	Y 698		
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Based on record review on 10/6/08, the facility did not obtain the results of an annual physical examination of a resident by their physician for 1 of 27 residents residing in the facility for longer than a year. Findings include: Resident #16 - Date of admission was 7/10/06. The residents's file did not contain the results of an annual physical examination of the resident by a physician for 2007. Severity: 2 Scope: 1	Y 859		

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Y 870	Continued From page 10	Y 870		
Y 870 SS=D	<p>449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration</p> <p>NAC 449.2742</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall:</p> <p>(a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility:</p> <p>(1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident.</p> <p>This Regulation is not met as evidenced by: Based on record review on 10/6/08, the facility failed to ensure that a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 2 of 27 residents residing in the facility for longer than six months.</p> <p>Findings include:</p> <p>Resident #20 - Date of admission was 8/31/07. There were no medication profile reviews in the record.</p> <p>Resident #27 - Date of admission was 12/17/02. The last medication profile review available in the record was dated February 2007.</p>	Y 870		

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Y 870	Continued From page 11 Severity: 1 Scope: 1	Y 870		
Y 876 SS=A	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review on 10/6/08, the facility failed to ensure that ultimate user agreements were signed for 3 of 25 residents (Resident #3, #8 and #15). Findings include: The files for Resident #3, #8 and #15 did not contain signed Ultimate User agreements that authorized the facility to administer medications to the residents. Severity: 1 Scope: 1	Y 876		
Y 936 SS=D	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against	Y 936		

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Y 936	<p>Continued From page 12</p> <p>unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 10/6/08 and 10/30/08, the facility did not ensure 3 of 27 residents had received the required tuberculosis (TB) skin testing (Resident #9, #10 and #16).</p> <p>Findings include:</p> <p>Resident #9 - Date of admission 8/27/08. The resident's file contained evidence the resident completed the first step of the required two-step TB skin test on 8/25/08. The file did not contain evidence the resident completed the second step. The resident needs another one-step TB skin test.</p> <p>Resident #10 - Date of admission 4/26/08. The resident's file did not contain evidence the resident completed required two-step TB skin testing.</p> <p>Resident #16 - Date of admission 7/10/06. The file contained evidence the resident completed an annual one-step TB skin test on 5/24/07. The file did not contain evidence the resident completed an annual TB skin test in 2008.</p> <p>Severity: 2 Scope: 1</p>	Y 936		

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Y 944	Continued From page 13	Y 944			
Y 944 SS=A	<p>449.2749(2) Resident File / Discharge</p> <p>NAC 449.2749</p> <p>2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 10/6/08, the facility did not provide proper documentation regarding a resident who had been discharged (Resident #24).</p> <p>Findings include:</p> <p>Review of the record of Resident #24 revealed no documentation of the time, destination or who picked up the resident and her belongings.</p> <p>Severity: 1 Scope: 1</p>	Y 944			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.